



IO2 1222-001  
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October 7, 2009

**UPS: 1Z 593 122 23 1000 2612**

Document Processing Desk – 6(a)(2)  
Office of Pesticide Programs  
Document Processing Room S-4900  
One Potomac Yard  
2777 South Crystal Drive  
Arlington, VA 22202

RE: Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident

Gentlemen / Ladies

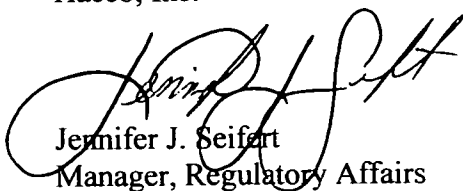
In accordance with FIFRA 6(a)(2) and 40 CFR Part 159.184, we are hereby submitting a Voluntary 6(a)(2) Incident Report for an adverse incident reported to us on October 7, 2009.

Enclosed please find the following item:

- Voluntary Industry Reporting Form 6(a)(2) Adverse Effects Incident Information (Internal ID: 1-20198294),

If you should have any questions regarding this matter, please do not hesitate to contact me.

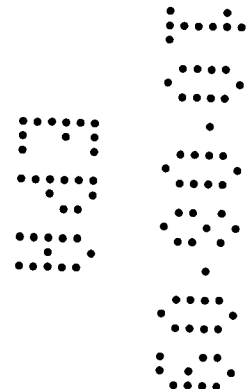
Sincerely,  
Hacco, Inc.



Jennifer J. Seifert  
Manager, Regulatory Affairs

Enclosures

JJS/tla

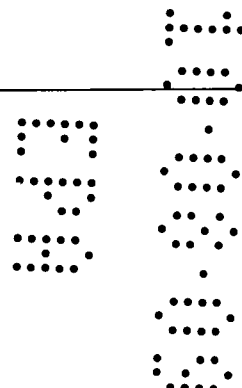


# Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name: <div style="background-color: black; width: 100px; height: 1.2em;"></div>	Submission date:	Contact person (if different than reporter)	Internal ID <b>1-20198294</b>
Administrative Data	Address: <b>Georgia</b>		Address:	
	Phone #: <div style="background-color: black; width: 100px; height: 1.2em;"></div>		Phone #:	
	Incident Status: <b>New</b>	Location and date of incident <b>Georgia</b> <b>09/24/2009</b>	Date registrant became aware of incident: <b>9/24/2009</b>	Was incident part of larger study?
Row 2	EPA Registration # (Product 1) <b>61282-46</b>	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s) <b>Diphacinone</b>	A.I. (s)		A.I. (s)
	Product 1 Name <b>Ramik Green</b>	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <b>NA</b>	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation	Formulation		Formulation
Row 3	Evidence label directions were not followed? <b>No</b> Intentional misuse? <b>No</b>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))  <b>Own Residence</b>		Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating)  <b>See Description Notes</b>
	Applicator certified PCO? <b>Not applicable</b>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  <b>See Incident Description</b>			

\*Personal privacy information\*



9/24/2009 2:58:14 PM Ramik Green  
EPA reg: 61282-46

**Hx:**

*Caller is 55 years old and has COPD, chronic asthmatic bronchitis. Caller put the product out and accidentally inhaled the powder from the pellets about 2 hours ago and she has been coughing off and on since that time. She has been using her inhaler. She has an O2 machine and a nebulizer which she has not used yet. She is away from the dust and is outside. She does not have any SOB.*

**A:**

*-Advised caller that the exposure described is not going to cause a toxicity. Normally, the dust is just a minor irritant if inhaled.*

*-Any type of dust or particulate matter will be irritating to someone with underlying respiratory issues.*

*-Recommended caller use her inhalers, etc as she normally does during a flare up of her sxs. If she does not get relief with those, see an MD> If any SOB or difficulty breathing develop, call 911.*

*9/25/2009 10:44:49 AM Prosar Cb#1- Caller states she is doing fine. She did have sxs the rest of the day but she took another breathing treatment before bed and feels good now.*

3

# Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <b>55 Years</b> Sex: <b>Female</b> Occupation: (if relevant)	Exposure route: <b>Inhalation</b>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <b>No</b>	Was protective clothing worn (specify)?  <b>Not applicable</b>
If female, pregnant? <b>Did not query</b>	Was exposure occupational? <b>No</b> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <b>See Symptoms</b>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <b>On-site</b>	List signs/symptoms/adverse effects.  <b>Cough, 15 min or less;</b>		If lab tests were performed, list test names and results (If available, submit reports).  <b>Not Reported</b>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <b>HC</b>			
This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)			
			<div>Internal ID #</div> <div><b>1-20198294</b></div>